

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2015
NAME OF PROVIDER OR SUPPLIER ESKENAZI HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 720 ESKENAZI AVENUE INDIANAPOLIS, IN 46202		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for one State hospital complaint investigation.</p> <p>Complaint Number: IN00157041</p> <p>Substantiated; deficiency related to the allegation is cited</p> <p>Date: 3/6/2015</p> <p>Facility number: 005023</p> <p>Surveyor: Nancy Otten, RN, Public Health Nurse Surveyor</p> <p>QA: cloughlin 03/25/15</p>	S 000		
S1704	<p>410 IAC 15-1.6-4 OUT-PATIENT CARE SERVICES</p> <p>410 IAC 15-1.6-4(a)</p> <p>(a) If the hospital provides outpatient care services, the service shall meet the needs of the patients, within the scope of the service offered, in accordance with acceptable standards of practice. The service shall be under the direction of a qualified person or persons.</p> <p>This RULE is not met as evidenced by: Based on policy/procedure review, medical record review and document review, the facility failed to correctly process lab orders and failed to fax the results of one test to the Primary Care Physician for one (patient #1) of six medical</p>	S1704		4/27/15

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2015
NAME OF PROVIDER OR SUPPLIER ESKENAZI HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 720 ESKENAZI AVENUE INDIANAPOLIS, IN 46202		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S1704	<p>Continued From page 1</p> <p>records reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Policy/Procedure Job Description 90000106 states, Medical Pathology Lab Technician requirements are: <ol style="list-style-type: none"> a. Collects and processes lab specimens including phlebotomy. b. Monitors follow-up of tests and lab studies done and notifies provider. c. Ability to understand and carry out written orders. 2. Review of patient #1's medical record indicated the facility failed to correctly process lab orders. On 8/31/2013, an Estadiol level was ordered for patient #1, but Estriol was run instead after a lab requisition was incorrectly marked as Estriol.. Patient #1 was required to return to the facility to have another specimen drawn, so the Estradiol test could be run. 3. Review of Confidential Peer Review documents dated 9/9/2014 indicated that labs were drawn for patient #1 on 8/31/2013 and results were not faxed to the primary care physician, as had been requested. 	S1704		